



# Gold Vac 45 / Silver Vac Program

Complete this form and return it to the MCA office for review.

Michigan Cattlemen's Association, 2145 University Park Dr. Suite 300, Okemos, MI 48864

Fax: 517-347-0919 info@micattlemen.org

Consignor Name _____	Telephone Number: _____
Address _____	# of Head & Description: _____
City, State, Zip _____	Email or Fax: _____

Check Your Program Level: **Silver Vac** \_\_\_\_\_ **Gold Vac 45** \_\_\_\_\_

Minimum Required Practice	Silver Vac	Gold Vac 45 (Booster Required For All Vaccines Regardless Of Single Dose Label Claims to Qualify For Gold Vac 45)
<b>1). 5-way viral vaccination for IBR, BVD, P13, BRSV &amp; booster</b> <b>Brand Name:</b> _____ <i>(Bovi-Shield Gold or Bovi-Shield Gold One Shot or Vista 5 or Vista Once SQ or Pyramid 5 or Pyramid 5 + Presponse SQ or Triangle 5)</i>	Date Administered: _____	Date Booster Administered: _____
<b>2). Mannheimia haemolytica vaccination</b> <b>Brand Name:</b> _____ <i>(One Shot or Pulmo-guard PH-M (Bovi-Shield Gold One Shot or Pyramid 5 + Presponse SQ or Vista Once SQ covers #1 and #2)</i>	Date Administered: _____	Date Booster Administered: _____
<b>3). Clostridial 7-way Hemophilus somnus</b> <b>Brand Name:</b> _____ <i>(Vision 7 Somnus or Ultrabac 7/Somubac or Barvac-7/Somnus)</i>	Date Administered: _____	Date Booster Administered: _____
<b>4). De-wormer</b> <b>Brand Name:</b> _____	Date Administered: _____	No Additional Deworming Requirement
<b>5). Castration</b> <input type="checkbox"/> Knife <input type="checkbox"/> Band <input type="checkbox"/> Clamp	Castration Not Required for Silver Vac	Date of Castration _____
<b>6) Weaning</b> Weaning Date: _____	Weaning Not Required for Silver Vac	<b>Calves must be weaned a minimum of 45 days prior to shipment.</b>

**Additional Management Practices:**  
 Dehorned:  Yes  No    Implanted:  Yes  No    Type & Date: \_\_\_\_\_

Intended Marketing Location & Date \_\_\_\_\_

**Michigan Cattlemen's Association Member:**  Yes  Membership dues are attached  
*I certify that the above information is accurate.*

Owner \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Endorsed By: \_\_\_\_\_ Date \_\_\_\_\_  
 MCA Representative

<b>MCA Membership:</b>	<b>VACCINATION STAMP:</b>  <p style="text-align: center;"><b>Upon receiving the MCA STAMP, this form should follow the cattle to the market.</b></p> <p style="text-align: center;"><small>DISCLAIMER: MCA is in no way responsible for the health or status of cattle sold under this program.</small></p>
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